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Attorney Docket No. 2003536.124US2

AMENDMENTS TO THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application:

1. (currently amended) A method for providing medical assignments to medical insurance claims, comprising:

~~reporting a medical insurance claim to a claim service office;~~

~~assigning the reported claim to a human claim handler at the claim service office for the claim handler to collect data relating to the reported claim;~~

forwarding ~~the~~ a reported medical insurance claim and ~~the~~ collected data relating to the reported claim from a claim handler to a medical assignment logic;

automatically performing medical assignment logic on elements in the reported medical insurance claim and the collected data to determine whether a medical assignment is warranted;

if the medical assignment is warranted, automatically forwarding the reported medical insurance claim and the collected data to a~~n integrated~~ medical case management system ~~(ICMS)~~ for review by a medical case manager; and

if the medical assignment is not warranted, preventing the reported medical insurance claim and the collected data from reaching the medical case management system~~ICMS~~.

2. (original) The method of claim 1, wherein the medical insurance claim is reported from a telephone reporting center to the claim service office via a claim management system.

3. (currently amended) The method of claim 1, wherein the medical assignment logic ~~is derived by~~comprises analyzing previous claims that are similar to the reported medical insurance claim and their medical assignments.

4. (original) The method of claim 3, wherein analyzing the previous similar claims and their medical assignments comprises:

preparing a list of data elements relating to the previous similar claims;

capturing the data elements from the prepared list; and

determining when at least one of the captured data elements is populated.

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5. (original) The method of claim 1, wherein automatically performing medical assignment logic comprises:

preparing a main list of combinations of a plurality of nature of injury (NOI) data and a plurality of part of body (POB) data on which the plurality of NOI are associated;

selecting from the main list a sub-list having combinations of one of the plurality of NOI and an associated one of the plurality of POB that desire medical assignment (NOI/POB);

comparing the reported claim and the collected data with the sub-list of combinations of NOI/POB; and

determining that the medical assignment is warranted when the reported claim and the collected data match with the sub-list of combinations of NOI/POB.

6. (currently amended) The method of claim 1, wherein automatically performing medical assignment logic comprises:

assessing the reported claim and the collected data to determine whether there is an indication of anticipated surgery, and/or an indication of surgery already performed on the reported claim, or an indication of surgery both anticipated and performed; and

determining that the medical assignment is warranted when there is the indication of anticipated surgery, and/or the indication of surgery already performed on the reported claim, or the indication of surgery both anticipated and performed.

7. (original) The method of claim 1, wherein automatically performing medical assignment logic comprises:

determining whether there is a new date which disability began for the reported claim; and

determining that the medical assignment is warranted when there exists the new date which disability began.

8. (original) The method of claim 1, wherein automatically performing medical assignment logic comprises:

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determining whether a sum of TT incurred, TP incurred, and medical incurred is greater than a predetermined monetary value; and

determining that the medical assignment is warranted when the sum is greater than the predetermined monetary value.

9. (original) The method of claim 1, wherein automatically performing medical assignment logic comprises:

preparing a main list of ICD-9 codes for which the medical assignment is warranted;

determining whether the reported claim and the collected data include one of the ICD-9 codes in the main list of ICD-9 codes; and

determining that the medical assignment is warranted when the reported claim and the collected data include one of the ICD-9 codes in the main list of ICD-9 codes.

10. (original) The method of claim 9, wherein preparing the main list of ICD-9 codes for which the medical assignment is warranted comprises:

preparing a first sub-list having selected ICD-9 codes which identify claims with significant medical issues that require medical attention; and

preparing a second sub-list having ICD-9 codes of early strategic intervention, which denote a desire to medically intervene.

11. (original) The method of claim 1, wherein the reported claim relates to an injury sustained by an individual; and

wherein automatically performing medical assignment logic comprises:

assessing the reported claim and the collected data to determine whether the injured individual has not returned to work for more than a predetermined period of time after the injury; and

determining that the medical assignment is warranted when the injured individual has not returned to work for more than the predetermined period of time after the injury.

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12. (currently amended) The method of claim 1, wherein automatically performing medical assignment logic comprises:

assessing the reported claim and the collected data to determine whether there is an indication of anticipated surgery, and/or an indication of surgery already performed on the reported claim, or an indication of surgery both anticipated and performed:

determining whether there is a new date which disability began for the reported claim;

determining whether a sum of TT incurred, TP incurred, and medical incurred is greater than a predetermined monetary value; and

preparing a main list of ICD-9 codes for which the medical assignment is warranted.

13. (new) The method of claim 1, wherein the medical assignment logic is derived from specific market or employer resource information.

14. (new) The method of claim 1, wherein the medical assignment logic is derived from information provided by medical team leaders in local claim service centers regarding (a) current methods of claim evaluation to determine medical assignment; and (b) Special Account Communication (SAC) instructions that impact medical assignment decisions.

15. (new) The method of claim 1, wherein the medical assignment logic comprises analyzing reported medical insurance claims currently being referred and assigned for medical management and claims non-intervened for medical assignment.

16. (new) The method of claim 15, wherein analyzing the reported medical insurance claims currently being referred and assigned for medical management and claims non-intervened for medical assignment comprises:

preparing a list of data elements relating to the claims;

capturing the data elements from the prepared list; and

determining when at least one of the captured data elements is populated.

17. (new) The method of claim 3 or 15, wherein analyzing claims comprises:

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reviewing actual paid value, medical incurreds, indemnity incurreds, National Council on Compensation Insurance (NCCI) codes, ICD-9 data of assigned and non-assigned claims, anticipated surgery indicator, and lost time days.

18. (new) The method of claim 1, further comprising:

if the medical assignment is warranted, preventing the reported medical insurance claim and the collected data from reaching the medical case management system if any of the following are true:

the claim is closed in the claim management system;

policy coverage is N (none) or U (unknown);

controverted indicator is Yes;

date of death is populated;

there is already an open medical case management system referral;

the policy is an opted out account;

there is a prior carrier policy or excess carrier file;

the injured worker returned to work full duty;

the injured worker will never return to work; or

the medical program of the host insurance carrier or health care plan provider is bypassed.

19. (new) The method of claim 1, wherein the collected data relating to the reported medical insurance claim includes data updated as claim facts change.

20. (new) A method for providing medical assignments to medical insurance claims, comprising automatically performing medical assignment logic on elements in a reported medical insurance claim and collected data relating to the reported claim to determine whether a medical assignment is warranted, wherein the medical assignment logic comprises a selection of decision points derived from data elements of medical claims currently being referred and assigned for medical management and claims non-intervened for medical assignment.

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21. (new) A method for providing medical assignments to medical insurance claims, comprising:

forwarding a reported medical insurance claim and collected data relating to the reported claim from a claim handler to a medical assignment logic;

automatically performing medical assignment logic on elements in the reported medical insurance claim and the collected data to determine whether a medical assignment is warranted, comprising the steps of:

(1)   preparing a main list of combinations of a plurality of nature of injury (NOI) data and a plurality of part of body (POB) data on which the plurality of NOI are associated;

selecting from the main list a sub-list having combinations of one of the plurality of NOI and an associated one of the plurality of POB that desire medical assignment (NOI/POB);

comparing the reported claim and the collected data with the sub-list of combinations of NOI/POB; and

determining that the medical assignment is warranted when the reported claim and the collected data match with the sub-list of combinations of NOI/POB, and

(2)   assessing the reported claim and the collected data to determine whether there is an indication of anticipated surgery, an indication of surgery already performed on the reported claim, or an indication of surgery both anticipated and performed; and

determining that the medical assignment is warranted when there is the indication of anticipated surgery, the indication of surgery already performed on the reported claim, or the indication of surgery both anticipated and performed, and

(3)   assessing the reported claim and the collected data to determine whether the injured individual has not returned to work for more than a predetermined period of time after the injury; and

determining that the medical assignment is warranted when the injured individual has not returned to work for more than the predetermined period of time after the injury;

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if the medical assignment is warranted, automatically forwarding the reported medical insurance claim and the collected data to a medical case management system for review by a medical case manager; and

if the medical assignment is not warranted, preventing the reported medical insurance claim and the collected data from reaching the medical case management system.

22. (new) The method of claim 1, wherein the reported medical insurance claim is from a workers compensation insurance carrier, a health insurance carrier, or a health care plan provider.

23. (new) The method of claim 21, wherein the reported medical insurance claim is from a workers compensation insurance carrier, a health insurance carrier, or a health care plan provider.

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